



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection Date 5-24-00  
Time Start 1110 AM  
Time Finish ~1210 PM

## HAZARDOUS WASTE INSPECTION REPORT CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR

Company name ADVANCED INDUSTRIAL SERVICES, INC. I.D. Number PAD118513647  
Address 3250 SUSQUEHANNA TRAIL YORK, PA  
County YORK Municipality MANCHESTER TWP. ZIP 17402  
Name of Inspector DAVID HROROVCHAK  
Name & Title of Responsible Official JAMES DAVIS, Warehouse MGR.  
Person Interviewed KRIS L. MAILEY, BVS. DEVEL. Telephone (717) 764-9811  
Mailing Address (if different from above) \_\_\_\_\_  
Amount of Hazardous Waste Generated per Month: \_\_\_\_\_ kg ~200 lbs  
Waste Determination Completed? ☒ Yes ☐ No Waste On-Site Greater Than 1,000 kg. ☐ Yes ☒ No.  
Universal Waste: Large Quantity Handler? ☐ Small Quantity Handler? ☐  
Universal Waste Types (D009) (ERG #128) FLU. LT. BULBS

### 1. Waste Handling Method:

- ☐ On-Site in a treatment, storage or disposal facility permitted under Chapter 270.  
☐ Off-Site in a treatment, storage or disposal facility permitted under Chapter 270 or having interim status under Chapter 265  
☐ On-Site treatment & off-site treatment, storage or disposal in compliance with 261.5(f)(g) or (j).  
☐ Off-Site in a permitted municipal or industrial facility in another state.  
☒ Off-Site to a facility which beneficially uses or reuses, or legitimately recycles or reclaims its waste  
☐ Off-Site to a facility that treats waste prior to beneficial use or reuse, or legitimately recycles or reclaims its waste

### 2. Hazardous Waste Transportation: Self transportation ☐ yes ☒ no

If no: Transporter Name ED ARMSTRONG & SONS/S-K SYST. INC  
License Number PAD014286009 / ILD984908202

### 3. Types of hazardous waste generated and destination facility (location & type).

Waste Code	Waste Description	Destination Facility
<u>D001, D018</u>	<u>WASTE COMBUST. LIQ.</u>	<u>S-K SYST. NEW KINGST. PA</u>
<u>UN1283, P6II</u>	<u>WASTE PAINT REL'D MAT.</u>	<u>MARISOL INC. MIDDERSEX</u>
		<u>NJ 08846</u>
<u>UN1436, P6II</u>	<u>WASTE ZINC DUST</u>	<u>LAIDLAW ENV. SVCS.</u>
		<u>LAUREL, MD 20724</u>

Facility/Incident Name and Location

ADV. IND. SVCS. INC

Municipality

MANCHESTER TWP.

County

YORK

## ADDITIONAL REMARKS

THE DEPARTMENT NOTED THE FOLLOWING AT THIS UNANNOUNCED INSPECTION.

1. THIS FACILITY FABRICATES AND PAINTS VARIOUS INDUSTRIAL METAL ASSEMBLIES.
2. A PAINT SHOP GENERATES HAZARDOUS WASTES IN THE FORM OF SOLVENTS AND PAINTS. PRESENT WAS ONE 55 GALLON DRUM WHICH WAS PROPERLY LABELED.
3. A PARTS WASHER IS LOCATED IN THE MAINTENANCE GARAGE WHICH GENERATES WASTE SOLVENTS.
4. A PLASMA CUTTING TABLE IS CONTROLLED BY A BAKHOUSE. THIS HAS GENERATED WASTE ZINC DUST THAT IS HAZARDOUS.
5. THE FACILITY HAS CHANGED OUT FLUORESCENT LIGHT BULBS AND PROPERLY MANAGED THEM AS HAZARDOUS.
6. DISPOSAL MANIFESTS FOR THE AFOREMENTIONED WASTES WERE REVIEWED AND WERE CONSIDERED SATISFACTORY.
7. NO WASTE ZINC DUST WAS OBSERVED ON-SITE TODAY, HOWEVER RECOMMEND LABELING OF ALL FUTURE WASTE CONTAINERS.
8. THIS FACILITY IS CLOSE TO SMALL QUANTITY GENERATOR STATUS. RECOMMEND MONITORING OF HAZARDOUS WASTE VOLUMES TO ENSURE THAT THE 220 LBS. MONTHLY LEVEL IS NOT EXCEEDED, OTHERWISE ADDITIONAL REGULATORY REQUIREMENTS ARE NEEDED. THESE REGULATIONS WILL BE FORWARDED TO MR. DAVIS.
9. THIS FACILITY WAS IN COMPLIANCE WITH THE RELEVANT DEPARTMENT REGULATIONS.

Inspector Name

DM HROBUCHAR

Inspector Signature



Date

5-24-00



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection Date 6/5/98Time Start 1:00pmTime Finish 1:45pm

## HAZARDOUS WASTE INSPECTION REPORT

☐ GENERATOR☒ S Q GENERATORCompany name Advanced Industrial Services Inc. I.D. Number PAD 118513647Site Address 3250 Susquehanna Trail, York, PA 17404County York Municipality Manchester Twp ZIP 17404Name of Inspector Derrick HaviceName & Title of Responsible Official Jim Davis / Safety ManagerPerson Interviewed Jim Davis Telephone (717) 764-9811Mailing Address (if different from above) (same)Amount of Hazardous Waste Generated per Month: 210 lbs/month Pounds \_\_\_\_\_ Kgs \_\_\_\_\_

## 1. Site Characterization:

STORAGE: ☒ Container ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad Other \_\_\_\_\_PBR: ☐ Neutralization/WWTP ☐ Reclaim Other \_\_\_\_\_Generator Treatment ☐ Containers ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad2. Universal Waste: ☐ Large Quantity Handler ☐ Small Quantity Handler

Universal Waste Types \_\_\_\_\_

## 3. Hazardous Waste Transporters:

Transporter Name \_\_\_\_\_ License Number \_\_\_\_\_

Transporter Name \_\_\_\_\_ License Number \_\_\_\_\_

Transporter Name \_\_\_\_\_ License Number \_\_\_\_\_

## 4. Types of hazardous waste generated and destination facility (location &amp; type).

Waste Code	Waste Description	Destination Facility
F003	Acetone	3 Marisol Inc.
F003	Polyurethane / waste Paint	NJD002454544

1 - No Violation Observed      2 - Not Applicable      3 - Not Determined      4 - Non Compliance

**1 2 3 4**

Page 2 of 5

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

**HAZARDOUS WASTE INSPECTION REPORT  
GENERATORS -- SMALL QUANTITY GENERATORS  
FACILITY SPECIFICS**

Site Name AIS, INC ID Number PAD 118513647 Date 6/5/98

1 - No Violation Observed    2 - Not Applicable    3 - Not Determined    4 - Non Compliance

**STATUS**

1	2	3	4	REQUIREMENT	CHAPTER CIT.	LINE
				<b>CONTAINERS (Subchapter I)</b>		
			4	Containers managed in compliance with Chapter 265 Subchapter I	262.34	H025
1				Containers of hazardous waste in good condition	265.171	H026
1				Containers and stored waste compatible	265.172	H027
			4	Containers kept closed except during addition or removal of wastes	265.173	H028
1				Containers managed to prevent leaks	265.173(b)	H029
			4	Containers labeled to accurately identify contents	265.173(c)	H030
		3		Container storage areas inspected at least weekly	265.174	H031
1				Special requirements for ignitable or reactive and incompatible waste complied with	265.176, 265.177	H032
1				Proper containment and collection systems in place	265.178(a)-(d)	H033
1				All storage requirements for ignitable or reactive wastes and nonignitable or nonreactive wastes met	265.178(e)	H034
			4	Containers clearly marked with accumulation date and visible for inspection	262.34(a)(2)	H035
						H036
						H037
						H038
				<b>TANKS (Subchapter J)</b>		
	z			Tanks labeled "Hazardous Waste"	262.34(a)(4)	H039
	z			Written certification by registered professional engineer for proper tank (system) design and installation on file	265.192	H040
	z			Secondary containment provided for tanks (systems) as required	265.193	H041
	z			Tanks (systems) managed to prevent rupture, leak, corrode or fail	265.194	H042
	z			Tanks labeled to accurately identify contents	265.194(d)	H043
	z			Required inspections completed and documented in operating log	265.195	H044
	z			Release reported to Department within 24 hours, unless exempted	265.196	H045
	z			Special requirements for ignitable and reactive wastes followed	265.198	H046
	z			SQ Generator complies with 265.201	262.34(e)(3)	H047

Commonwealth of Pennsylvania  
Department of Environmental Protection  
Bureau of Waste Management  
Inspection Report Comments

The Department conducted a routine hazardous waste inspection at Advanced Industrial Services, Inc. (AIS). Present for the Department was Derrick Havice. Present for AIS was Jim Davis, safety manager. AIS is a industrial contractor which provides mill wrighting, rigging, piping, sheet metal, electrical, and fabrication services.

The Department noted that AIS generates hazardous waste from the May 29, 1998 inspection. Currently AIS is listed only as a transporter of hazardous waste with EPA and DEP. The Department discussed with and recommended that AIS renotify with EPA to correctly reflect their generator status. Mr. Davis agreed to implement the Department's recommendation.

The Department observed that AIS did not have drums of hazardous waste labeled to accurately identify their contents, or with correct accumulation dates on the drums. This is a violation of Chapters 262.34 and 265.173 (c ) of the Rules and Regulations of the Department. The Drums were also left open when no one is actively adding or removing waste from the drum. This is a violation of 262.34 and 265.173(a) of the Rules and Regulation of the Department. The Department recommended that AIS keep closed all drums of hazardous waste unless someone is adding or removing waste. The Department also recommended AIS label all drums of hazardous waste to accurately identify their contents and place accumulation dates n the drums. Mr. Davis agreed to implement the Departments recommendations.

The Department next conducted a record review. The Department looked for hazardous waste manifests, personnel training program, preparedness, prevention, and contingency plan (PPC). The Department observed that manifest NJA2838879 needed to have copies 6 and 7 (copies mailed to generator and disposal states) forwarded. The Department recommended that the copies be forwarded. Mr. Davis agreed to the Departments recommendation. AIS did not have a PPC plan. This is a violation of Chapter 262.46 of the Rules and Regulations of the Department. AIS also did not have a personnel training program. This is a violation of 262.34 (e) of the Rules and Regulations of

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This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person

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Person Interviewed (signature) mailed

Date \_\_\_\_\_

Inspector (signature) Derrick Havice

Date 6/10/98

Commonwealth of Pennsylvania  
Department of Environmental Protection  
Bureau of Waste Management  
**Inspection Report Comments**

the Department. The Department recommended that AIS complete and implement a PPC plan per Chapter 265.56 of the Rules and Regulations of the Department. Additionally the Department recommended that AIS institute a personnel training program per Chapter 265.16 of the Rules and Regulations of the Department. Mr. Davis agreed to implement the Departments recommendation.

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Person Interviewed (signature) ma:ld

Date \_\_\_\_\_

Inspector (signature) [Signature]

Date 6/10/98



Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. Initial Notification

☒
B. Subsequent Notification  
(Complete item C)

C. Installation's EPA ID Number

P A D 1 1 8 5 1 3 6 4 7

## II. Name of Installation (Include company and specific site name)

A D V A N C E D I N D U S T R I A L S E R V I C E S

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

3 2 5 0 S U S Q U E H A N N A T R A I L

Street (Continued)

City or Town

Y O R K

State

Zip Code

P A 1 7 4 0 2 -

County Code

County Name

1 3 3

Y O R K

## IV. Installation Mailing Address (See instructions)

Street or P.O. Box

S A M E

City or Town

State

Zip Code

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

D A V I S

J A M E S

Job Title

Phone Number (Area Code and Number)

S A F E T Y D I R E C T O R 7 1 7 - 7 6 4 - 9 8 1 1

## VI. Installation Contact Address (See instructions)

A. Contact Address

Location

☒

Mailing

☐

B. Street or P.O. Box

City or Town

State

Zip Code

## VII. Ownership (See instructions)

### A. Name of Installation's Legal Owner

A D V A N C E D I N D U S T R I A L S E R V I C E S

Street, P.O. Box, or Route Number

3 2 5 0 S U S Q U E H A N N A T R A I L

City or Town

State

Zip Code

Y O R K

P A 1 7 4 0 2 -

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed) Month Day Year

7 1 7 - 7 6 4 - 9 8 1 1

M

M

Yes

☐
☒

No

Month

Day

Year



## ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

## A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify \_\_\_\_\_
- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see Instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Deferral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

## B. Used Oil Recycling Activities

1. Used Oil Recycling Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device
- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)
- ☐ a. Transporter
- ☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Process
- ☐ b. Re-refine

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

## A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable  
(D001)☐2. Corrosive  
(D002)☐3. Reactive  
(D003)☐4. Toxicity  
Characteristic☐

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1 F 0 0 3 7	2 D 0 0 1 8	3 9	4 10	5 11	6 12
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## C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6
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## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

ATIS James T. Davis

Name and Official Title (Type or print)

JAMES T. DAVIS  
SAFETY DIRECTOR

Date Signed

6-24-98

## XI. Comments

BAH/MS 7/7/98 LEE

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection Date 2/18/99  
Time Start \_\_\_\_\_  
Time Finish \_\_\_\_\_

**HAZARDOUS WASTE INSPECTION REPORT**  
☐ GENERATOR ☒ S Q GENERATOR

Company name Advanced Industrial Services INC. I.D. Number PAD118513647  
Site Address 3250 Susquehanna Trail, York, PA  
County York Municipality Manchester Twp. ZIP 17404  
Name of Inspector Derrick Havice  
Name & Title of Responsible Official Jim Davis / Safety Manager  
Person Interviewed Jim Davis Telephone (717) 764-9811  
Mailing Address (if different from above) (same)  
Amount of Hazardous Waste Generated per Month: 230 lbs/month Pounds \_\_\_\_\_ Kgs \_\_\_\_\_

**1. Site Characterization:**

STORAGE: ☒ Container ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad Other \_\_\_\_\_  
PBR: ☐ Neutralization/WWTP ☐ Reclaim Other \_\_\_\_\_  
Generator Treatment ☐ Containers ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad

**2. Universal Waste:** ☐ Large Quantity Handler ☐ Small Quantity Handler

Universal Waste Types \_\_\_\_\_

**3. Hazardous Waste Transporters:**

Transporter Name \_\_\_\_\_ License Number \_\_\_\_\_  
Transporter Name \_\_\_\_\_ License Number \_\_\_\_\_  
Transporter Name \_\_\_\_\_ License Number \_\_\_\_\_

**4. Types of hazardous waste generated and destination facility (location & type).**

Waste Code	Waste Description	Destination Facility
F003	Acetone	} Marisol INC. NJ D002454544
F003	Polyurethane/waste paint	



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

## HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS FACILITY SPECIFICS

Site Name AIS Inc. ID Number PA0118513647 Date 2/18/99

1 - No Violation Observed    2 - Not Applicable    3 - Not Determined    4 - Non Compliance

**STATUS**

1 2 3 4

**REQUIREMENT****CHAPTER CIT.****LINE**

				CONTAINERS (Subchapter I)		
1				Containers managed in compliance with Chapter 265 Subchapter I	262.34	H025
1				Containers of hazardous waste in good condition	265.171	H026
1				Containers and stored waste compatible	265.172	H027
1				Containers kept closed except during addition or removal of wastes	265.173	H028
1				Containers managed to prevent leaks	265.173(b)	H029
1				Containers labeled to accurately identify contents	265.173(c)	H030
		3		Container storage areas inspected at least weekly	265.174	H031
1				Special requirements for ignitable or reactive and incompatible waste complied with	265.176, 265.177	H032
1				Proper containment and collection systems in place	265.178(a)-(d)	H033
1				All storage requirements for ignitable or reactive wastes and nonignitable or nonreactive wastes met	265.178(e)	H034
1				Containers clearly marked with accumulation date and visible for inspection	262.34(a)(2)	H035
						H036
						H037
						H038
				TANKS (Subchapter J)		
2				Tanks labeled "Hazardous Waste"	262.34(a)(4)	H039
2				Written certification by registered professional engineer for proper tank (system) design and installation on file	265.192	H040
2				Secondary containment provided for tanks (systems) as required	265.193	H041
2				Tanks (systems) managed to prevent rupture, leak, corrode or fail	265.194	H042
2				Tanks labeled to accurately identify contents	265.194(d)	H043
2				Required inspections completed and documented in operating log	265.195	H044
2				Release reported to Department within 24 hours, unless exempted	265.196	H045
2				Special requirements for ignitable and reactive wastes followed	265.198	H046
2				SQ Generator complies with 265.201	262.34(e)(3)	H047

Commonwealth of Pennsylvania  
Department of Environmental Protection  
Bureau of Waste Management  
Inspection Report Comments

The Department conducted a follow-up to the Departments previous inspection at Advanced Industrial Services Inc. (AIS) Present for the Department was Derrick Havice. Present for AIS was Jim Davis, safety manager.

The Department reviewed AIS's Preparedness, Prevention, and Contingency Plan (PPC plan), and employee training program. AIS are in the process of contracting with an outside contractor to conduct their employee-training program.

The Department also discussed with Mr. Davis, the 1998 Residual Waste Biennial Report, Chemical Analysis of Residual Waste (form 26R) and the written Source Reduction Strategy (form 25R).

Mr. Davis stated that AIS's PPC plan with some minor additions was complete. Mr. Davis also stated that within approximately a month AIS would have the employee training program implemented.

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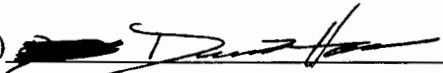
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Person Interviewed (signature) mailed

Date \_\_\_\_\_

Inspector (signature) 

Date 3/3/99



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection Date 4/28/99Time Start 1:00pmTime Finish 1:45pm

## HAZARDOUS WASTE INSPECTION REPORT

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Universal Waste Types \_\_\_\_\_

## 3. Hazardous Waste Transporters:

Transporter Name \_\_\_\_\_ License Number \_\_\_\_\_

Transporter Name \_\_\_\_\_ License Number \_\_\_\_\_

Transporter Name \_\_\_\_\_ License Number \_\_\_\_\_

## 4. Types of hazardous waste generated and destination facility (location &amp; type).

Waste Code	Waste Description	Destination Facility
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COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

## HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS FACILITY SPECIFICS

Site Name AIS INC. ID Number PAD 118 513647 Date 4/23/99

1 - No Violation Observed    2 - Not Applicable    3 - Not Determined    4 - Non Compliance

**STATUS**

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COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

INSPECTION REPORT - RESIDUAL WASTE GENERATOR

Generator I.D. # P A D I 1 1 8 5 1 3 6 4 7 Telephone # (717) 764-9811  
Site Name Advanced Industrial Services INC. Operator Name (Same)  
Site Address 3250 Susquehanna Trail Address (Same)  
York PA 17404  
Municipality Manchester Twp. County York  
Responsible Official Jim Davis Title Safety MGR  
Person Interviewed " Title "  
Inspector Derrick Thrice Time

Inspection Date 04/28/99 Inspection Type 04 Inspector I.D. # 2304 # Violation   
**INSPECTION TYPE**  
01 Routine 04 Follow Up 07 Complaint  
02 Spill Response 05 Sampling Only 08 Record Rev  
03 Remedial Action 06 Ground Water 09 Other  
Comment f o l l o w - u p

Waste Description: \_\_\_\_\_ Waste Code: \_\_\_\_\_  
Treatment ☐ Yes ☐ No Type \_\_\_\_\_  
Type of Storage: ☐ Containers ☐ Tanks ☐ Piles ☐ Impoundments  
Disposition: Destination Facility \_\_\_\_\_  
Location \_\_\_\_\_ Type \_\_\_\_\_  
Amount Generated: \_\_\_\_\_ lb./mo.

Waste Description: \_\_\_\_\_ Waste Code: \_\_\_\_\_  
Treatment ☐ Yes ☐ No Type \_\_\_\_\_  
Type of Storage: ☐ Containers ☐ Tanks ☐ Piles ☐ Impoundments  
Disposition: Destination Facility \_\_\_\_\_  
Location \_\_\_\_\_ Type \_\_\_\_\_  
Amount Generated: \_\_\_\_\_ lb./mo.

Waste Description: \_\_\_\_\_ Waste Code: \_\_\_\_\_  
Treatment ☐ Yes ☐ No Type \_\_\_\_\_  
Type of Storage: ☐ Containers ☐ Tanks ☐ Piles ☐ Impoundments  
Disposition: Destination Facility \_\_\_\_\_  
Location \_\_\_\_\_ Type \_\_\_\_\_  
Amount Generated: \_\_\_\_\_ lb./mo.

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Generator Name Advanced Industrial Services  
Date 4/28/99

## INSPECTION REPORT - RESIDUAL WASTE GENERATOR

1 = No Violation Observed		2 = Not Applicable		3 = Not Determined		4 = Non-Compliance	
Chapter Citation	Requirement	Status				Line Number	
25 Pa Code	GENERAL PROVISIONS	1	2	3	4		
287.6	Designated facility: valid permit? Permit Number (PA) _____	1				3001	
287.52(a)	Biennial report submitted by March 1 of each odd numbered year.	1				3002	
287.53	Written source reduction strategy on file and in effect.			3		3003	
287.53(b)	Waste reduction strategy covers all waste streams.			3		3004	
287.53(c)	Reduction strategy updated every five years or when waste or manufacturing process changes.			3		3005	
287.54	Waste analysis performed: copy on file.			3		3006	
287.54(b, f)	Annual analysis or certification of waste submitted to Department and designated facility.			3		3007	
287.55	Small quantity generator record keeping requirements.		2			3008	
287.101(a)	Operation of disposal or processing facility without a permit.	1				3009	
	STORAGE REQUIREMENTS						
299.111(1)	Residual waste not mixed with hazardous waste.	1				3010	
299.111(2)	Waste stored as not to create a safety risk.	1				3011	
299.111(3)	Residual waste not mixed with special handling waste.	1				3012	
299.111(4)	Waste not blown or otherwise deposited outside storage area.	1				3013	
299.112(c)	Storage area inspected; records available.	1				3014	
299.113(a)	All waste stored less than one year.	1				3015	
299.114(a)	Equipment maintained in operable condition.	1				3016	
299.114(c)	Equipment cleaning frequencies maintained.	1				3017	
299.115	Vectors controlled and public nuisances prevented.	1				3018	
299.116(a)(b)	Run on, runoff minimized; storage areas managed in accordance with Clean Streams Law.	1				3019	
299.116(c)	Waste stored to prevent groundwater degradation.	1				3020	
299.121	Sufficient number of properly constructed storage containers.	1				3021	
299.122	Storage tank design standards.	1				3022	
299.112(d), 299.131(b)	No putrescible waste or liquid waste stored in piles.	1				3023	
299.131	Waste storage pile area properly designed, constructed and maintained.	1				3024	
299.132	Storage pad or liner system properly designed and maintained.	1				3025	
299.133	Proper design and maintenance of leachate and runoff control systems.	1				3026	
299.151	Proper storage and containment of incinerator ash residue.		2			3027	
299.152	Proper storage and containment of friable asbestos containing waste.		2			3028	
299.153	Proper storage and containment of coal ash.		2			3029	
299.154	Proper storage and containment of PCB containing waste material.		2			3030	

Commonwealth of Pennsylvania  
Department of Environmental Protection  
Bureau of Waste Management  
Inspection Report Comments

The Department conducted a follow-up to the Department's previous inspection at Advanced Industrial Services Inc. (AIS) Present for the Department was Derrick Havice. Present for AIS was Jim Davis, safety manager.

The Department reviewed AIS's Employee training program, 1998 Residual Waste Biennial Report and discussed with Mr. Davis what needs to be covered in the Source Reduction Strategy and chemical analysis for each waste stream.

AIS has been using Allsafe Environmental Inc. to conduct employee training for a few individuals. AIS is also looking at using another company to conduct training for all employees. The 1998 Residual Waste Biennial Report was completed and submitted to the Department.

Mr. Davis was working to complete a written Source Reduction Strategy and the chemical analysis for each waste stream.

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This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

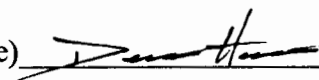
This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person

---

Person Interviewed (signature) mailed.

Date \_\_\_\_\_

Inspector (signature) 

Date 5/5/99

# **Allsafe Environmental, Inc.**

*Environmental Safety Consulting & Training*

*This is to certify that*

DAVID

L.

BASKETTE

1619 W PHILADELPHIA ST

YORK

PA 17404

Social Security No. \_\_\_\_\_

*has satisfied the requirements and passed the examination*

for ENVIRONMENTAL / SAFETY PROGRAM: HM-181/126f US DOT Hazardous Materials ON 08/06/97

First Responder-Awareness Level (29 CFR 1910.120)  
08/06/98

*This certification shall expire on \_\_\_\_\_*

This training fulfills U.S. D.O.T. 49 CFR 172.704 Hazardous Materials Requirements for General Awareness/Familiarization, Function-specific, and Safety Training. Additional site-specific spill response and control training elements may be required under 29 CFR 1910.120 (OSHA) and other regulations.

INSTRUCTOR REINHARD

Certificate No.

RSPA05140



*Allsafe Environmental, Inc.*

Thomas K. Reinhard, President  
375 Criswell Drive  
Bolling Springs, PA 17007  
(717) 258-4109

# **Allsafe Environmental, Inc.**

*Environmental Safety Consulting & Training*

*This is to certify that*

PAUL S. SPATARO, JR.

611 LINDEN AVE YORK PA 17404

Social Security No. [REDACTED]

*has satisfied the requirements and passed the examination*

for ENVIRONMENTAL / SAFETY PROGRAM: HM-181/126f US DOT Hazardous Materials ON 08/06/97

First Responder-Awareness Level (29 CFR 1910.120)  
08/06/98

*This certification shall expire on*

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INSTRUCTOR REINHARD

Certificate No.

RSPA05139



Allsafe Environmental, Inc.

Thomas K. Reinhard, President  
375 Criswell Drive  
Bolling Springs, PA 17007  
(717) 258-4109



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection Date 7/22/98  
Time Start 1:45pm  
Time Finish 2:15pm

## HAZARDOUS WASTE INSPECTION REPORT

☐ GENERATOR☒ S Q GENERATORCompany name Advanced Industrial Services Inc. I.D. Number PA0115513647Site Address 3250 Susquehanna Trail, York, PA 17404County York Municipality Manchester Twp. ZIP 17404Name of Inspector Derrick HariceName & Title of Responsible Official Jim Davis / Safety ManagerPerson Interviewed Jim Davis Telephone (717) 764-9811Mailing Address (if different from above) (Same)Amount of Hazardous Waste Generated per Month: 215 lbs/month Pounds \_\_\_\_\_ Kgs \_\_\_\_\_

## 1. Site Characterization:

STORAGE: ☒ Container ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad Other \_\_\_\_\_PBR: ☐ Neutralization/WWTP ☐ Reclaim Other \_\_\_\_\_Generator Treatment ☐ Containers ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad2. Universal Waste: ☐ Large Quantity Handler ☐ Small Quantity Handler

Universal Waste Types \_\_\_\_\_

## 3. Hazardous Waste Transporters:

Transporter Name \_\_\_\_\_ License Number \_\_\_\_\_

Transporter Name \_\_\_\_\_ License Number \_\_\_\_\_

Transporter Name \_\_\_\_\_ License Number \_\_\_\_\_

## 4. Types of hazardous waste generated and destination facility (location &amp; type).

Waste Code	Waste Description	Destination Facility
F003	Acetone	Marisol Inc.
F003	Polyurethane/waste paint	NJD 002454544





COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

## HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS FACILITY SPECIFICS

Site Name AIS, Inc ID Number PAD118513647 Date 7/22/98

1 - No Violation Observed    2 - Not Applicable    3 - Not Determined    4 - Non Compliance

### STATUS

1	2	3	4	REQUIREMENT	CHAPTER CIT.	LINE
				<b>CONTAINERS (Subchapter I)</b>		
1				Containers managed in compliance with Chapter 265 Subchapter I	262.34	H025
1				Containers of hazardous waste in good condition	265.171	H026
1				Containers and stored waste compatible	265.172	H027
1				Containers kept closed except during addition or removal of wastes	265.173	H028
1				Containers managed to prevent leaks	265.173(b)	H029
1				Containers labeled to accurately identify contents	265.173(c)	H030
1				Container storage areas inspected at least weekly	265.174	H031
1				Special requirements for ignitable or reactive and incompatible waste complied with	265.176, 265.177	H032
1				Proper containment and collection systems in place	265.178(a)-(d)	H033
1				All storage requirements for ignitable or reactive wastes and nonignitable or nonreactive wastes met	265.178(e)	H034
1				Containers clearly marked with accumulation date and visible for inspection	262.34(a)(2)	H035
						H036
						H037
						H038
				<b>TANKS (Subchapter J)</b>		
	Z			Tanks labeled "Hazardous Waste"	262.34(a)(4)	H039
	Z			Written certification by registered professional engineer for proper tank (system) design and installation on file	265.192	H040
	Z			Secondary containment provided for tanks (systems) as required	265.193	H041
	Z			Tanks (systems) managed to prevent rupture, leak, corrode or fail	265.194	H042
	Z			Tanks labeled to accurately identify contents	265.194(d)	H043
	Z			Required inspections completed and documented in operating log	265.195	H044
	Z			Release reported to Department within 24 hours, unless exempted	265.196	H045
	Z			Special requirements for ignitable and reactive wastes followed	265.198	H046
	Z			SQ Generator complies with 265.201	262.34(e)(3)	H047

Commonwealth of Pennsylvania  
Department of Environmental Protection  
Bureau of Waste Management  
Inspection Report Comments

The Department conducted a follow-up to the Departments previous inspection on June 5, 1998 at Advanced Industrial Services Inc. (AIS). Present for the Department was Derrick Havice. Present for AIS was Jim Davis, safety manager.

Mr. Davis reviewed, with the Department, the steps AIS has taken to come into compliance. Mr. Davis provided to the Department a copy of AIS's EPA renotification form and a copy of AIS safety and Evacuation plan (see attached). Mr. Davis also stated that AIS will try and develop a personnel training program with a consultant. The PPC was not completed at the time of the inspection. The Department did observed that the manifest had been properly routed.

The Department next inspected the hazardous waste accumulation area. The Department noted that all drums of hazardous waste were closed and correctly labeled. Each area also had a spill pallet underneath to act as containment. The tank holding hand wash water had been removed.

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Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person

---

Person Interviewed (signature) mailed.

Date \_\_\_\_\_

Inspector (signature) 

Date 7/28/98

Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. Initial Notification

☒

B. Subsequent Notification  
(Complete Item C)

## C. Installation's EPA ID Number

P A D 1 1 8 5 1 3 6 4 7

## II. Name of Installation (Include company and specific site name)

A D V A N C E D I N D U S T R I A L S E R V I C E S

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

3 2 5 0 S U S Q U E H A N N A T R A I L

Street (Continued)

City or Town

Y O R K

State

Zip Code

P A

1 7 4 0 2 -

County Code

County Name

Y O R K

## IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

S A M E

City or Town

State

Zip Code

-

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

D A V I S

J A M E S

Job Title

Phone Number (Area Code and Number)

S A F E T Y D I R E C T O R 7 1 7 - 7 6 4 - 9 8 1 1

## VI. Installation Contact Address (See instructions)

A. Contact Address  
Location Mailing

☒

B. Street or P.O. Box

City or Town

State

Zip Code

-

## VII. Ownership (See instructions)

### A. Name of Installation's Legal Owner

A D V A N C E D I N D U S T R I A L S E R V I C E S

Street, P.O. Box, or Route Number

3 2 5 0 S U S Q U E H A N N A T R A I L

City or Town

State

Zip Code

Y O R K

P A

1 7 4 0 2 -

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)  
Month Day Year

7 1 7 - 7 6 4 - 9 8 1 1

M

M

Yes

No

X

ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

## A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes

## Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Deferral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

## B. Used Oil Recycling Activities

1. Used Oil Recycling Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device
- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)
- a. Transporter
- b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Process
- ☐ b. Re-refine

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

## A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)

☐

2. Corrosive (D002)

☐

3. Reactive (D003)

☐

4. Toxicity Characteristic

☐

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1
F 0 0 3
7

2
D 0 0 1
8

3
9

4
10

5
11

6
12

## C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1

2

3

4

5

6

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

ATIS James T. Davis

Name and Official Title (Type or print)

JAMES T. DAVIS  
SAFETY DIRECTOR

Date Signed

6-24-98

## XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

(717) 764-9811  
(800) 544-5080  
FAX: 764-3144

ADVANCED INDUSTRIAL SERVICES, INC.

3250 Susquehanna Trail  
P.O. Box 1463  
York, PA 17405



APPENDIX A, SAFETY MANUAL

OCTOBER 1, 1994

TO: ALL EMPLOYEES

FROM: SAFETY DIRECTOR

FIRE AND EMERGENCY RESPONSE, EVACUATION PLAN

All employees of A.I.S. are encouraged to practice good housekeeping and safe working habits in order to minimize the chance of fire or other emergency. However, due to the hazardous nature of our daily work, the following guidelines are published to enhance the safety of our employees.

Any employee discovering a fire, hazardous materials spill, or other emergency situation on or near company facilities shall take the following immediate action:

1. WARN other persons in the area of the emergency, evacuate them from the danger area, and activate the Alarm System.
2. NOTIFY the Operations Office of the type of emergency utilizing the Telephone Intercom System. If the intercom is not working, send a runner to the Operations Office with the information.
3. CONTAIN the fire or emergency until help arrives IF the proper equipment is available and you are trained in the use of the equipment.
4. FOLLOW the instructions of supervisors or emergency teams when they arrive at the scene.

Supervisory personnel shall take the following actions when notified of a fire or other emergency situation:

1. REPORT immediately to the scene of the emergency to decide on necessary action.
2. NOTIFY the Operations Office via the Telephone Intercom System to call 911 if necessary.
3. SUPERVISE efforts to contain the emergency situation or the evacuation of personnel from the danger area.

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4. DETAIL an employee to act as a guide to show responding emergency crews the location of the emergency.

In the event of serious injury to anyone, the injured person should NOT be moved until trained medical teams arrive, unless necessary to prevent additional injury to the person.

If it becomes necessary to evacuate personnel from the building, employees should follow the directions below:

1. Employees in the NORTH and CENTRAL FABRICATION areas should evacuate by way of the exits on the WEST side of the building. These persons should meet on the concrete driveway to the WEST of the building to ensure everyone is accounted for.
2. Employees in the SOUTH WAREHOUSE and OFFICE areas should leave by way of the nearest exit and meet on the dirt mound SOUTH of the front parking lot.
3. Employees in the TOOL ROOM and MAINTENANCE areas should leave by way of the nearest exit and meet on the concrete pad to the SOUTH of the Tool/Maintenance building.

Employees must NOT re-enter the building or leave the assembly areas after an evacuation until informed by supervisors that it is safe to do so.

A FLOOR PLAN showing evacuation routes from each area of our building are posted throughout the warehouse. This plan also indicates the locations of Fire Extinguishers, Spill Control Kits, First Aid Kits, and Eye Wash Stations in the warehouse. All employees should study these floor plans and become familiar with the information contained in them.

Employees will receive special training in proper methods of fire fighting, handling Hazardous Materials spills, First Aid, and other areas of safety.

A.I.S. Foremen and Crew Leaders working in a customer's plant should learn the location of Fire and First Aid equipment as well as evacuation routes from the building and ensure that members of their crews are aware of their locations.

Anyone having comments or questions concerning this Emergency Response, Evacuation Plan should contact JIM DAVIS, Company Safety Director.



E - ENTRY

W - WOMEN

M - MEN

U - UTILITY

● - FIRST AID

▶ - BURN KIT

■ - FIRE ALARM

● - FIRE EXTE

EVACUATION PLAN - OFFICE - FIRST FLOOR

1 CONFERENCE

2 LOBBY

3 OFFICE

4 STORAGE

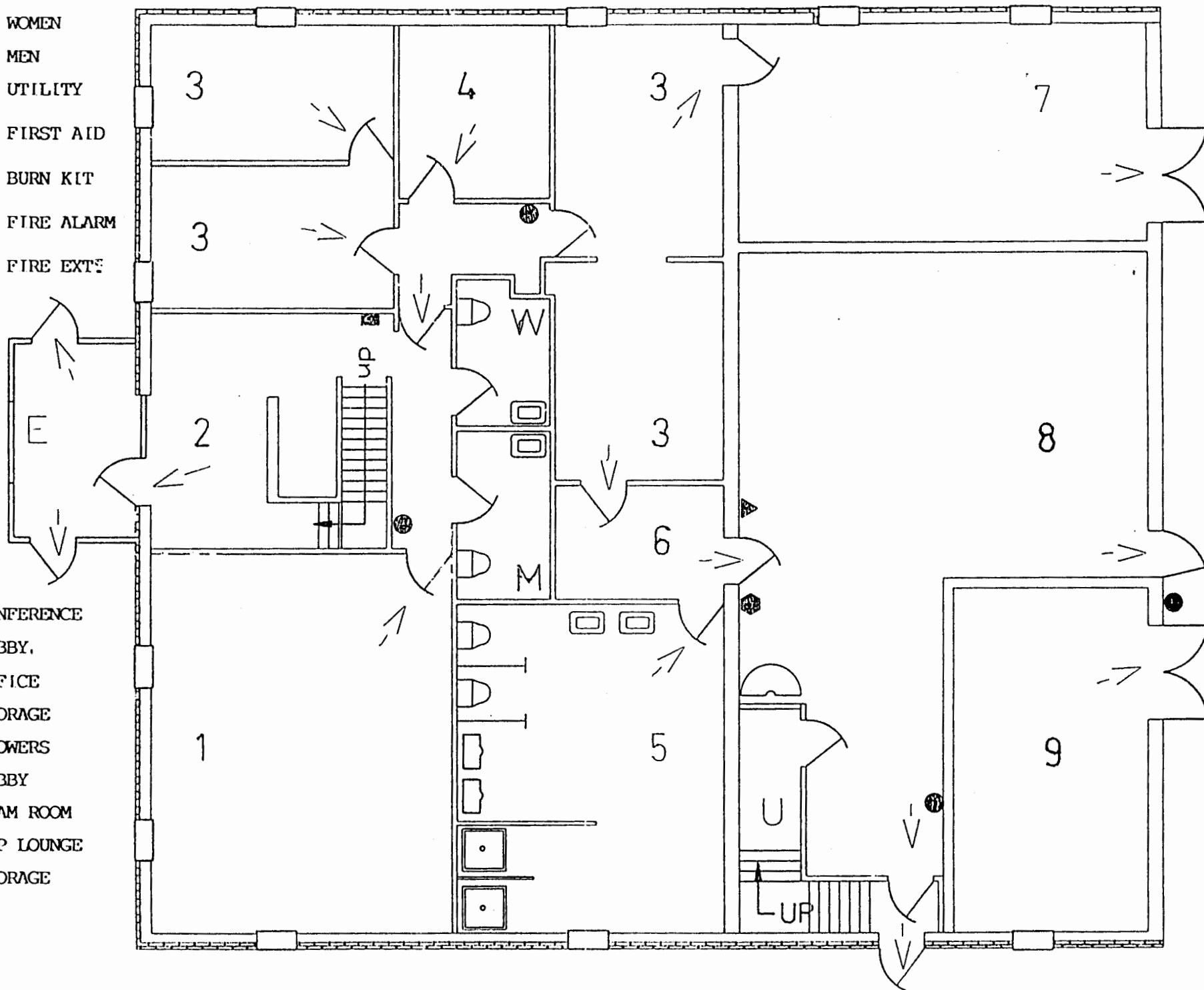
5 SHOWERS

6 LOBBY

7 TRAM ROOM

8 EMP LOUNGE

9 STORAGE



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION III

841 Chestnut Building  
Philadelphia, Pennsylvania 19107

SUBJECT: RCRA Inspection *Advanced Industrial Services*  
*PAD 11 851 3647*

DATE: *3-23-88*

FROM: Edward A. Vollberg, P.E. *E A Vollberg*  
Environmental Engineer (3HW11)

TO: File

Thru: Joe Kotlinski, Chief *JAK*  
PA RCRA Enforcement Section (3HW11)

BASED UPON A REVIEW OF THE RCRA INSPECTION REPORT FOR THE FACILITY  
REFERENCED ABOVE, I HAVE DETERMINED THAT NO FURTHER ACTION IS  
REQUIRED AT THIS TIME.

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL RESOURCES  
BUREAU OF WASTE MANAGEMENT

EPA

C

## INSPECTION REPORT

Site ID # <u>PA0118513647</u>		License # _____	
Site Name: <u>Advanced Industrial Services</u>		Phone # <u>(717) 764-9811</u>	
Address <u>3250 Susquehanna Trail</u>			
City <u>York</u>	State <u>PA</u>	Zip Code <u>17402</u>	
Municipality <u>Manchester Twp</u>	County <u>York</u>		
Responsible Official <u>Kris Mailey</u>		Title <u>Vice President</u>	
Person Interviewed <u>" " , Jim Davis</u>		Title <u>" " , Warehouse Mgr.</u>	
Inspector <u>Bob Stewart</u>			

**Inspection Type****(Generator Only)**

- |                 |                 |               |   |   |
|-----------------|-----------------|---------------|---|---|
| 01 Routine      | 11 Part B       | 51 Routine    | Hazardous <input checked="" type="checkbox"/> | Treatment <input type="checkbox"/>            |
| 04 Follow Up    | 12 Complaint    | 54 Follow Up  | Residual <input type="checkbox"/>             | Storage <input type="checkbox"/>              |
| 05 Crit Stage   | 13 Withdrawn    | 56 Sample     | Municipal <input type="checkbox"/>            | Disposal <input type="checkbox"/>             |
| 06 Sample Only  | 14 Closure      | 60 Survey     |   | Generator <input checked="" type="checkbox"/> |
| 07 Permitting   | 15 Post Closure | 62 Complaint  |   | Processing <input type="checkbox"/>           |
| 08 Superfund    | 16 Form 4       | 70 Record Rev |   | Surface App <input type="checkbox"/>          |
| 09 Ground Water | 17 Form 4 w/s   | 98 Other      |   | Transporter <input type="checkbox"/>          |
| 10 Survey       | 50 Record Rev   |               |   | PBR <input type="checkbox"/>                  |
|                 | 99 Other        |               |   |   |

Site ID # <u>PA0118513647</u>		On-Site Start Time <u>1:40 pm</u>			
		On-Site End Time <u>2:30 "</u>			
		On-Site Total Time _____			
Due Date	Inspection Date	Type	Inspector ID #	# Violation	Enforcement
<u>010788</u>	<u>010788</u>	<u>51</u>	<u>2326</u>	<u>00</u>	<u>  </u>
Comment <u>ROUTINE</u>					
Sample # Low	<u>  </u>	Sample # High	<u>  </u>		
Monitoring Points Sampled					
<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>

Hazardous Waste Inspection Report  
Generators - Part A

Date of inspection 1/7/88 Time start 1:40 Time finish 2:30  
 Name of inspector Bob Stewart, Scott Gebhardt  
 Company, installation name Advanced Industrial Services  
 Location 3250 Susquehanna Trail, York, PA 17402  
 County York Municipality Manchester Twp  
 Identification number PA0118513647  
 Name of responsible official Kris Mailey  
 Title Vice President  
 Mailing address Box 1463, York PA 17402  
 Area code and telephone number (717) 764-9811  
 Name of person interviewed Kris Mailey, Jim Davis  
 Title V.P., Warehouse Manager  
 Mailing address (if different from above) same  
 Area code and telephone number same

## 1. Current waste handling method:

- |    |  |  |                                   |  |                                  |
|----|--|--|-----------------------------------|--|----------------------------------|
| a. | <input type="checkbox"/> On-site             | <input type="checkbox"/> treatment,      | <input type="checkbox"/> storage, | <input type="checkbox"/> disposal            | <input type="checkbox"/> PBR     |
| b. | <input checked="" type="checkbox"/> On-site  | <input checked="" type="checkbox"/> use, | <input type="checkbox"/> reuse,   | <input type="checkbox"/> recycle,            | <input type="checkbox"/> reclaim |
| c. | <input type="checkbox"/> Off-site            | <input type="checkbox"/> treatment,      | <input type="checkbox"/> storage, | <input type="checkbox"/> disposal            |                                  |
| d. | <input checked="" type="checkbox"/> Off-site | <input type="checkbox"/> use,            | <input type="checkbox"/> reuse,   | <input checked="" type="checkbox"/> recycle, | <input type="checkbox"/> reclaim |

## 2. Amount of hazardous waste produced:

- a. 10 gal/lons 50G kg./mo.  
 b. 120 240 " kg./yr.

## 3. Types of hazardous waste produced by Hazardous Waste Number:

D001, D002

4. Are hazardous wastes transported off-site by the generator? ☐ Yes ☒ No

Capitol/Lubricants

**Hazardous Waste Inspection Report  
Comments - Part C**

Date of Inspection 1/7/88 Identification Number PA0118573647  
Company, Installation Name Advanced Industrial Products Services, Inc.  
County York Municipality Manchester Twp

AIS is a transporter of waste batteries (non hazardous until cracked or broken) for <sup>United</sup> General Telephone to Gen. Battery. Gen. Battery requested that AIS get a number to be safe. AIS also uses Capitol Lubricants parts washing equipment (1001) ~~that~~ that is manifested off site once every 2-3 months.

Oil was found on the ground in the rear area of the plant next to a loading dock in the waste oil storage area. Two waste oil drums are located here. AIS was instructed to contain any further spills of oil by collecting any spillage from either drum.

This inspection report is official notification that a representative of the Department of Environmental Resources, Bureau of Waste Management, inspected the above installation. The findings of this inspection are shown in this report. Any violations which were uncovered during the inspection are indicated. Violations may also be discovered upon examination of the results of laboratory analyses and review of Department records. Notification will be forthcoming, confirming any violations indicated herein and listing any additional violations.

Person Interviewed (signature) Rene J. Mailey Date 1/7/87  
Inspector (signature) Phil R. [Signature] Date 1/7/88



United States Environmental Protection Agency  
Washington, DC 20460

# Notification of Hazardous Waste Activity

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

**For Official Use Only**

Comments

C

C

Installation's EPA ID Number

Approved

Date Received  
(yr. mo. day)

133

York

C

F

PA D 118513647

T/A C  
1

860707

**I. Name of Installation**

ADVANCED INDUSTRIAL SERVICES

**II. Installation Mailing Address**

Street or P.O. Box

C

3

P.O. BOX 1463

City or Town

State

ZIP Code

C

4

YORK

PA

17405

**III. Location of Installation**

Street or Route Number

C

5

3250 SUSQUEHANNA TRAIL

City or Town

State

ZIP Code

C

6

YORK

PA

17402

**IV. Installation Contact**

Name and Title (last, first, and job title)

Phone Number (area code and number)

C

2

MAILEY KRIS N. PRES.

717 764 9811

**V. Ownership**

A. Name of Installation's Legal Owner

B. Type of Ownership (enter code)

C

R

WAGMAN PROPERTIES

P

**VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)****A. Hazardous Waste Activity****B. Used Oil Fuel Activities**☐

1a. Generator

☐

1b. Less than 1,000 kg/mo.

☒

2. Transporter

☐

3. Treater/Storer/Disposer

☒

4. Underground Injection

☐

5. Market or Burn Hazardous Waste Fuel

(enter 'X' and mark appropriate boxes below)

☐

a. Generator Marketing to Burner

☐

b. Other Marketer

☐

c. Burner

☐

6. Off-Specification Used Oil Fuel

(enter 'X' and mark appropriate boxes below)

☐

a. Generator Marketing to Burner

☐

b. Other Marketer

☐

c. Burner

☐

7. Specification Used Oil Fuel Marketer (or On site Burner)

Who First Claims the Oil Meets the Specification

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JUL 1 1986  
EPA, R3

**VII. Waste Fuel Burning: Type of Combustion Device** (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)☐ A. Utility Boiler☐ B. Industrial Boiler☐ C. Industrial Furnace**VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))**☐

A. Air

☐

B. Rail

☐

C. Highway

☐

D. Water

☐

E. Other (specify)

**IX. First or Subsequent Notification**

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☐

A. First Notification

☐

B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

ID — For Official Use Only																
C															T/A	C
W																1

# X. Description of Hazardous Wastes (continued from front)

**A. Hazardous Wastes from Nonspecific Sources.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

**B. Hazardous Wastes from Specific Sources.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

**C. Commercial Chemical Product Hazardous Wastes.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

**D. Listed Infectious Wastes.** Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

**E. Characteristics of Nonlisted Hazardous Wastes.** Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☐ 1. Ignitable  
(D001)


☐ 2. Corrosive  
(D002)

☐ 3. Reactive  
(D003)

☐ 4. Toxic  
(D000)

# XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature 	Name and Official Title (type or print) Kris L. Mailey, Vice-Pres.	Date Signed 6/25/86
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**ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

➤ **PAD118513647**

INSTALLATION ADDRESS

**MAILEY, KRIS VF  
ADVANCED INDUSTRIAL SERVICES  
PO BOX 1463  
YORK**

**PA 17405**

**3250 SUSQUEHANNA TRAIL  
YORK**

**PA 17402**



**ACKNOWLEDGEMENT OF NOTIFICATION  
OF REGULATED WASTE ACTIVITY  
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Biennial Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+

PAD118513647

07/13/98

INSTALLATION ADDRESS

ADVANCED INDUSTRIAL SVCS  
3250 SUSQUEHANNA TRAIL  
YORK , PA 17402  
JAMES DAVIS SAFETY DIR

3250 SUSQUEHANNA TRAIL  
YORK , PA 17402